

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		3		1			56						
7		6		1			57						
8		6		1			58						
9		6		1			59						
10		6		1			60						
11		6		1			61						
12		6		1			62						
13		6		1			63						
14		6		1			64						
15		6		1			65						
16		6		1			66						
17		6		1			67						
18		6		1			68						
19		6		1			69						
20		6		1			70						
21		6		1			71						
22		6		1			72						
23		6		1			73						
24		6		1			74						
25	1						75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.		12		1			TOTAL DEP.						
TOTAL CLAIMS	1	12	1	1			TOTAL CLAIMS						

PTO-1350 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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